NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section

Application to City Clerk for Copy of Marriage Record

Groom				Bride				
Name of Groom:				Name of Bride:				
First:					First:			
Middle:					Middle:			
Last:					Last:			
Age or Date of Birth:				Age or Date of Birth:				
Residence:					Residence:			
County:				County:				
State:				State:				
Date of Marriage or Period Covered by Search:				Date of Marr Covered by S		od		
Place where License was Issued:					Place where was Issued:	License		
For what purpose is information required?				What is your relationship to person whose record is requested? If self, state "self".				
Signature of Applicant				Date				
Address of Applicant					Please print	name and a	ddress wher	re record is to be sent.

TYPES OF ACCEPTABLE IDENTIFICATION: 1. Driver's License 2. Non-driver's License 3. Passport 4. Naturalization Papers 5. Military ID 6. Employer's Photo ID 7. Two Utility Bills, showing applicant's name and address 8. Police report of lost or stolen ID

If in person, please bring a form of acceptable identification and payment of \$10.00 (cash, check, or money order). Make checks payable to City of Canandaigua.

If by mail, please enclose with this form a copy of acceptable identification and payment of \$15.00, money order only. Make money orders payable to City of Canandaigua.

Mail to: City of Canandaigua

2 North Main Street Canandaigua, NY 14424